02-20-07

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

ap in m:

| appropriate. All ninner   | ed below or directed ot                            | ng ine Paieni advance o   | irders and notification of r   | naintenance feet u  | vill be mailed   | to the current .   | ould be completed where<br>correspondence address as<br>rate "FEE ADDRESS" for   |
|---|--|---|--|---|--|--|--|
| 27305 HOWARD & THE PINEHUR 39400 WOODW  | ENCE ADDRESS (Note: Use B                          | ER, SUITE #10   | FEB 16 2007 W I he add   | (s) Transmittal. Thisers. Each additional cits own certificate CER' KM reby certify that thes Postal Service weressed to the Mail | is certificate of l paper, such to of mailing of II FICATH MAILE AND ISSUE STORE TO STORE TO STORE TO STORE TO STORE TO STORE STORE TO STO | annot be used for as an assignment transmission.  COF EXPRIMATE STATES TO THE STATES TO THE STATES TO THE STATES TO THE STATES AND THE STATES | domestic mailings of the or any other accompanying at or formal drawing, must ESS MAIL  MAXIM  deposited with the United class mail in an envelope above, or being facsimile te indicated below. |
| BEOOMI IEEB   |  | 3131  | N HE WAR   | Anne L  | . Kubit  |  | (Depositor's name)   |
| EXPRESS   | MAIL LABEL NO                                      | O.: EV 6954779  | 87 US  | Unul  | L. Kubi  | t  | · (Signature)  |
|   |  |   |  | Februa  | ry 16, 2   | 2007   | (Date)   |
| APPLICATION NO.   | FILING DATE  |   | FIRST NAMED INVENTOR   |   | ATTORNEY   | DOCKET NO.   | CONFIRMATION NO.   |
| 10/635,138  | 08/06/2003   |   | Christopher Rixon  |   | 65,74  | 8-733  | 8406   |
| TITLE OF INVENTION  | : CRASH RELIEF PED                                 | AL ASSEMBLY   |  | 02/21/  | 2007 EHAILE  | 2 88888837   | 19635170   |
|   |  |   |  | 01 FC::   | 1501   |  |  |
| APPLN. TYPE   | SMALL ENTITY                                       | ISSUE FEE DUE   | PUBLICATION FEE DUE  | PREV. PAGE ISSU   | 1504<br>1601 TOT   | AL FEE(S) DUE  | 1468.68 OP   |
| nonprovisional  | NO   | \$1400  | \$300  | \$0   |  | \$1700   | 03/26/2007   |
| EXAMINER  |  | ART UNIT  | CLASS-SUBCLASS   | ן   |  |  |  |
| WILHELM, TIMOTHY  |  | 3616  | 180-274000   | J   |  |  |  |
| 1. Change of correspondence address or indication of "Fee Address" (37  |  |   | 2. For printing on the p   | atent front page, lis   | st   | <del></del>  |  |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence  |  |   | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  |   |  |  |  |
| Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |  |   | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |   |  |  |  |
| 3. ASSIGNEE NAME A  | ND RESIDENCE DATA                                  | A TO BE PRINTED ON  | THE PATENT (print or typ   | ne)   |  |  |  |
| PLEASE NOTE: Unl  | ess an assignee is ident                           | ified below, no assignee  | data will appear on the port a substitute for filing an  | atent. If an assign   | ee is identifie  | d below, the do  | cument has been filed for  |
| (A) NAME OF ASSIG   |  | denon of this form is 140   | (B) RESIDENCE: (CITY   | _   | OUNTRY)  |  |  |
| DRIVESOL WO   | ORLDWIDE, INC.                                     | •   | Troy, Michi  | gan   | ,  | ,  |  |
| Please check the appropri   | ate assignee category or                           | categories (will not be p   | rinted on the patent):   | Individual KC   | orporation or o  | ther private grou  | up entity Government   |
| 4a. The following fee(s) a  Issue Fee  XX Publication Fee (N  XX Advance Order - #  | o small entity discount p                          | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number |  |   |  |  |  |
| 5. Change in Entity Stat  | rus (from status indicated<br>s SMALL ENTITY statu |   | b. Applicant is no long  |   |  |  |  |
|   |  |   | d from anyone other than the Office.   | ne applicant; a regi  | stered attorne   | y or agent; or the   | assignee or other party in   |
| Authorized Signature  | 2  | >   |  |   | ruary 10   |  |  |
| Typed or printed name   | Samuel J.  | Registration No. 42,619   |  |   |  |  |  |
| This collection of informa  | ation is required by 37 C                          | FR 1.311. The information   | on is required to obtain or r  | etain a benefit by the  | he public whi  | h is to file (and  | by the USPTO to process)   |

Th an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.